

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115429	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/27/2023
NAME OF PROVIDER OR SUPPLIER  Cordele Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1106 North 4th Street Cordele, GA 31015	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0684  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46579</b></p> <p>Based on observations, record review and staff interviews, the facility failed to follow physician orders for one of eight residents (R) #49. Specifically, the facility failed to ensure intravenous (IV) access site was removed from resident as ordered by physician after antibiotic regime was completed. The deficient practice had the potential to increase the probability of infection to occur at the IV insertion site.</p> <p>Findings:</p> <p>Review of the electronic medical record revealed that resident (R# 49) was admitted to the facility with diagnoses that included but were not limited to cardiovascular accident, hemiplegia of left hand, hypertension, neurogenic bladder, urinary retention, foley catheter and history of recurrent urinary tract infections (UTI).</p> <p>Review of Minimum Data Set (MDS) Quarterly assessment dated [DATE], revealed that resident has a Brief Interview for Mental Status (BIMS) score of 15, which means the resident is cognitively intact. Section H (Bladder and Bowel) revealed that resident was utilizing an indwelling catheter during the seven day look back period of assessment. Review of the care plan dated 4/17/2023 revealed that resident had urinary incontinence/ indwelling catheter for diagnosis of neurogenic bladder, and recurrent UTIs.</p> <p>Review of the nurses' notes revealed that resident # 49 received IV antibiotics, between 4/14/2023 and 4/20/2023. The orders were as follows: 4/13/2023, new orders noted per the urologist, DX: multi resistant UTI. Insert IV and instill 1 gram of meropenem IV every 8 hours for seven days. At the completion of the treatment, discontinue the IV and restart the alternating antibiotic treatment. Obtain urine culture 3 to 5 days after the completion of the IV antibiotic treatment.</p> <p>Interview on 4/25/2023 at 11:31 a.m. with R#49 revealed that resident stated that he had a urinary tract infection and had received antibiotics for it. Continued interview also revealed that the antibiotics were completed, and the resident was unsure of the last dose received.</p> <p>Observation on 4/26/2023 at 9:15 a.m. revealed that R#49 IV was intact in the right upper arm.</p> <p>Interview on 4/26/2023 at 4:19 p.m. with facility Nurse Practitioner revealed that IV and the IV antibiotics were ordered by the urologist. The Practitioner stated that she would evaluate R #49 to determine continued use of the IV access.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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F 0684  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Interview on 4/26/2023 at 4:20 p.m. with Licensed Practical Nurse (LPN) AA revealed that she had not administered any IV medications during her shift and was not aware the resident had an IV. There was no notification from the off going nurse of any IV antibiotics that should be administered to R #49.</p> <p>Interview on 4/26/2023 at 4:35 p.m. with the MDS Coordinator revealed that the urologist for the facility had been ordering four different antibiotics to alternate weekly for the residents that have Foley catheters and that also have chronic UTIs. She stated that if an IV was placed, it was for the resident to have meropenem IV for seven days because he had drug resistant infection in his urine.</p> <p>Interview on 4/27/2023 at 12:30 p.m. with LPN BB revealed when a resident has an IV, flushing and maintenance of the IV would be ordered and should be on the task list for nurses to complete. Review of the task list for R #49 did not reveal IV maintenance orders.</p> <p>Interview on 4/27/2023 at 2:00 p.m. with Director of Nursing (DON) revealed that IVs are flushed per the MD orders. She stated that it is done before and after administrating IV medications. Dressing changes are completed per doctors' orders.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46579</p> <p>Based on observations, record review, and staff interviews the facility failed to ensure that oxygen (O2) tubing and respiratory equipment were properly stored for two (2) of 15 residents (R) R#32 and R#35. Specifically, the facility failed to ensure that the O2 tubing for R#32 was changed weekly as ordered, the facility also failed to ensure R#35 C-PAP (Continuous Positive Airway Pressure) (ventilation in which a constant level of pressure is continuously applied to the upper respiratory tract of a person) mask was properly stored when not in use.</p> <p>Findings:</p> <p>Review of the electronic medical record (EHR) for resident R #32 revealed that the resident was admitted to the facility with diagnoses that included but are not limited to peripheral vascular disease, chronic obstructive pulmonary disease, and right upper lobe pneumonia. Review of the Physicians' orders revealed that oxygen therapy is to be routine, as needed to keep oxygen stats more than or equal to 90%. Review of the Minimum Data set (MDS) Annual assessment dated [DATE] Section C (Cognitive Patterns) revealed resident had a Brief Interview of Mental Status (BIMS) score of 15 indicating resident had no cognitive impairment.</p> <p>Review of care plan for R#32 initiated on 5/4/2022 revealed that resident had interventions in place for her respiratory plan of care that included evaluate the effectiveness of oxygen and respiratory therapy.</p> <p>Observation on 4/25/2023 at 11:00 a.m. revealed R #32 O2 tubing and humidifier bottle was dated 3/19/2023.</p> <p>Observation on 4/26/2023 at 11:55 a.m. revealed R #32 O2 tubing and humidifier bottle was dated 3/19/2023.</p> <p>Observation on 4/27/2023 at 10:00 a.m. revealed R #32 O2 tubing and humidifier bottle was dated 3/19/2023. Observation was confirmed by Licensed Practical Nurse (LPN) BB.</p> <p>Review of the policy titled oxygen administration had no instructions for tubing and mask maintenance.</p> <p>Review of EHR for R # 35 revealed that he was admitted to the facility with diagnoses that include but are not limited to multiple sclerosis, chronic kidney disease, neurogenic bladder, obstructive sleep apnea, and anxiety.</p> <p>Review of the Quarterly MDS assessment dated [DATE] revealed in Section C0500 BIMS score of 15 indicating resident had no cognitive impairment. Review of the care plan for R# 35 revealed that resident has respiratory problem that includes obstructive sleep apnea that requires the use of a C-pap.</p> <p>Interview on 4/25/2023 at 10:45 a.m. with R #35 revealed that the c-pap machine is used at night and the staff assists him with applying and removing the c-pap mask. Further interview also revealed that resident could not recall when the staff had cleaned his c-pap mask after use.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 4/26/2023 at 11:50 a.m. revealed R#35 C-pap mask was not stored and labeled properly.</p> <p>Interview on 4/26/2023 at 11:47 a.m. with LPN AA, revealed that the tubing for oxygen is changed by the night shift charge nurse every week on Sunday nights. Further interview also revealed that LPN AA was unsure if the respiratory equipment should be dated.</p> <p>Interview on 4/27/2023 at 9:50 a.m. with LPN CC revealed that oxygen tubing, nebulizer mask, and humidifier bottles are changed on Sunday nights. She stated that they are to be dated and have a bag for when they are not in use.</p> <p>Interview on 4/27/2023 at 1:30 p.m. with the Director of Nursing (DON) revealed that it is her expectation that oxygen tubing is changed during the night shift on Sunday evenings. The O2 tubing and the humidifier bottle should be changed and dated, and a bag should be available to place the O2 tubing in when it is not in use. Further interview also revealed that the c-pap masks are to be cleaned when they are visibly soiled and should be properly stored when not in use as well.</p>		

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46431</p> <p>Based on observation and staff interviews. The facility failed to ensure the kitchen was maintained in a clean and sanitary condition. The deficient practice had the potential to affect 58 of 62 residents receiving an oral diet.</p> <p>Findings include:</p> <p>During the initial tour of the kitchen on 4/25/2023 at 9:00 a.m. the floor and walls were observed to have brown/black/and yellow stains throughout the kitchen. The main kitchen had four air condition units with dirty vents, and spider webs noted between the unit space and the window. Continued observation revealed of the window unit located in the rear of the kitchen had a white blanket positioned underneath the unit that was wet with brown stains noted.</p> <p>Observation on 4/25/2023 at 9:02 a.m. of the dishwasher room revealed the floor under the single compartment sink had missing and loose tile noted from the wall to the middle of the floor. The walls under the dishwashing sink had a thick black substance that was noted on the wall and around the drainage pipe that was attached to the wall.</p> <p>Interview on 4/25/2023 at 12:08 p.m. with the Dietary Manager revealed it is the responsibility of the kitchen staff to ensure that the main kitchen and appliances are clean and in good working order. The continued interview also revealed that it is her responsibility to ensure that the cleaning schedule is followed and completed daily. All areas of concern during the initial tour were confirmed by the dietary manager.</p> <p>Interview on 4/27/2023 at 11:01 a.m. with the facility maintenance director revealed he was aware of all areas of concern but did not have work orders submitted at this time.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46579</b></p> <p>Based on observation, record review, and review of the facility policies titled, LTC-Pressure Ulcers and Hand Hygiene. The facility failed to ensure that proper hand hygiene was conducted during wound care treatment for one of 10 residents (R#31). The deficient practice had the potential to increase the probability of infection risks for the resident.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Hand Hygiene effective date 5/2022 revealed under: Indications for Hand Washing and Hand Antisepsis; If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands before and after patient contact. Under: Use of Gloves; Gloves should always be worn when contact with blood, body fluids, or other potentially infectious material, mucous membranes and non-intact skin could occur. Gloves do not provide complete protection and glove integrity may be compromised by long or poorly groomed nails.</p> <p>Review of the facility policy titled, LTC-Pressure Ulcers effective date 11/2021 revealed under Policy subject: Pressure Ulcers 4. The facility will ensure that a resident with pressure ulcers receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Record review for R#31 revealed resident was admitted to the facility with diagnoses of atrial fibrillation, Cardiomegaly, Diabetes Mellitus, cellulitis of left lower limb, Chronic non-pressure ulcer, fracture of left fibula. Continued record review revealed Admission Minimum Data Set (MDS) dated [DATE] Section C (Cognitive Patterns) C0500 revealed a Brief Interview for Mental Status (BIMS) score of 13 indicating resident had minimal cognitive impairment.</p> <p>Wound Care observation on 4/26/2023 at 10:00 a.m. revealed Wound care nurse gathered supplies and proceeded to residents' room to complete wound care. A barrier was placed on the residents' bedside table and wound care supplies were placed on the barrier. The nurse applied gloves and removed the old bandage and placed it in the trash bag. New gloves were applied without washing or sanitizing hands in between. This process continued throughout the wound care procedure for R#31, the resident had four different areas for treatments to be completed.</p> <p>Interview on 4/26/2023 at 10:30 a.m. with Wound care nurse revealed that the proper procedure for wound care treatment is when gloves are removed the nurse is to sanitize or wash hands with soap and water between each glove change. Further interview also revealed that Wound care nurse confirmed that sanitizer was not used between glove changes.</p> <p>Interview on 4/26/2023 at 3:02 p.m. with the Director of Nursing (DON) revealed that the Wound Care Nurse should have sanitized her hands between glove changes while completing wound care. Further interview also revealed that the expectation is that when conducting any care for residents that gloves are to be worn and hands should be sanitized and or cleaned with soap and water between glove changes.</p>		